Name in Full

Certificate of Death

Mrs. Lovey J Andrews

Died at Town Federal Hill County Harford MARYLAND

Date 19 or Month 2 Day 8 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife Zachariah Andrew

Father's Name

Mother's Maiden Name

Cause of Death Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Courier 2-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70808

Name in Full Burtrum Ayres

Certificate of Death

Died at Town Federal Hill County Harford MARYLAND

Date 1900 Month Feb. Day 7th | Age Y. 18 M. 3 D. 5 | Native of Md | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ Number of ~~children living~~

Husband of Wife

Father's Name Don't Know

Mother's Name Fannie Ayres

Cause of Death: Primary Wound; Immediate Septicaemia

How long sick

Accident, ~~Suicide, Homicide~~

Reported by W. L. Smith M.D.

Address Jarrettsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Annie Busher

Died at Town: Garland — County: Harford — MARYLAND

Date 1900 — Month: Feb — Day: 2 — Age: Y. 3 M. 9 D. — Native of: Md — Occupation: ———

~~Male~~ Female — White — ~~Colored~~ — ~~Married~~ — ~~Single~~ — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — Number ~~of children living~~ ———

Husband / Wife of ———

Father's Name: Nicholas Busher — Mother's Name: Mary Wright

Cause of Death — Primary: Hemiplegia (Left) — How long sick: All life

Immediate: Convulsions, Paralysis (Total) — ~~Accident, Suicide, Homicide~~

Reported by: J. L. Hopkins M.D.

Address: Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908

Bailey & Baldwin

Level

Name in Full John Cavender

Certificate of Death

Died at Town Mill Green County Harford MARYLAND

Date 1900 Month Day Feby 10 Age Y. M. D. 72 Native of Harford Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living 3

Husband Wife of Hannah E. Cavender

Father's Name Wm Cavender Mother's Name ——

Cause of Death Primary Nephritis Chronic How long sick 5 Years

Immediate Coma Accident, Suicide, Homicide

Reported by Dr W L Arthur

Address Mill Green Md

97

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Rebecca Chmmt

Certificate of Death

Died at Town Dublin County Harford. MARYLAND

Date 1900 189 Month Feby Day 2 Age Y. 72 M. D. Native of Harford Occupation —

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband Wife of Wm. Chmmt.

Father's Name — Mother's Name —

Cause of Death Primary unknown How long sick 22 years

Immediate Accident, Suicide, Homicide

Reported by Dr W. T. Arthur

Address Millburn Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 65968

Name in Full

Julia, Ann, Conley

Certificate of Death

Died at ~~Town~~ Emmorton County Harford MARYLAND

Date 1900 Month Feb. Day 7 | Age Y. 64 M. 8 D. | Native of Maryland | Occupation House Wife

~~Male~~ Female | "White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ Divorced | Number of children living Four

~~Husband~~ Wife of Thomas Conley

Father's Name

Mother's Name

Cause of Death: Primary

Immediate Heart Disease.

How long sick ½ Hour

~~Accident, Suicide, Homicide~~

Reported by Chas. E. Hamberger, Undertaker

Address Benson Md.

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from Self.

of _____

Name In Full

Certificate of Death

Mrs. Jane Carthwaite

Died at Town: Delta County: Harford MARYLAND

Date 19	Month	Day	Age Y.	M.	D.	Native of	Occupation
	2	21					

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Agis & Intelligence, 3-1-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70018

Name in Full

Ozella Day

Certificate of Death

Died at Town Cambria County Harford MARYLAND

Date 1900 Month Feb- Day 11th Age Y. 3 M. 3 D. - Native of Maryland Occupation —

~~Male~~ Female White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name L. J. Day Mother's Name Annie E. Day

Cause of Death: Primary Acute Catarrhal Laryngitis — How long sick 2 weeks

Immediate Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by J. D. Heaps

Address Delta - Pa -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Dr. Frank Harvey

Certificate of Death

Died at Town: Bel Air County: Harford MARYLAND

Date 19 07 Month: 2 Day: 20 | Age Y. 3 M. 3 D. | Native of England | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living

Husband of
Wife

Father's Name

Mother's Maiden Name 220

Cause of Death: Primary Consumption | How long sick

Immediate

Accident, Suicide, Homicide

Reported by Bel Air Times 2-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full | Certificate of Death

James G. Hughes

Died at Town: Havre de Grace County: Harford MARYLAND

Date ~~1899~~ 1900 Month: Feby Day: 18 | Age Y. 75 M. 11 D. | Native of Harford Co | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4

Husband / Wife of Oleaca Griffin

Father's Name Unable to learn | Mother's Name Unable to learn

Cause of Death: Primary Pneumonia 72 | How long sick 9 days

Immediate Heart failure | Accident, Suicide, Homicide

Reported by Dr. R. H. Smith

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name in Full: Emeline Merrill

Certificate of Death

Died at: Town: Chapel County: Harford MARYLAND

Date: Month: Feb Day: 18 Age: Y. 92 M. D. Native of: Md Occupation: Housekeeping

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary

Immediate: Old Age

How long sick: 6 weeks

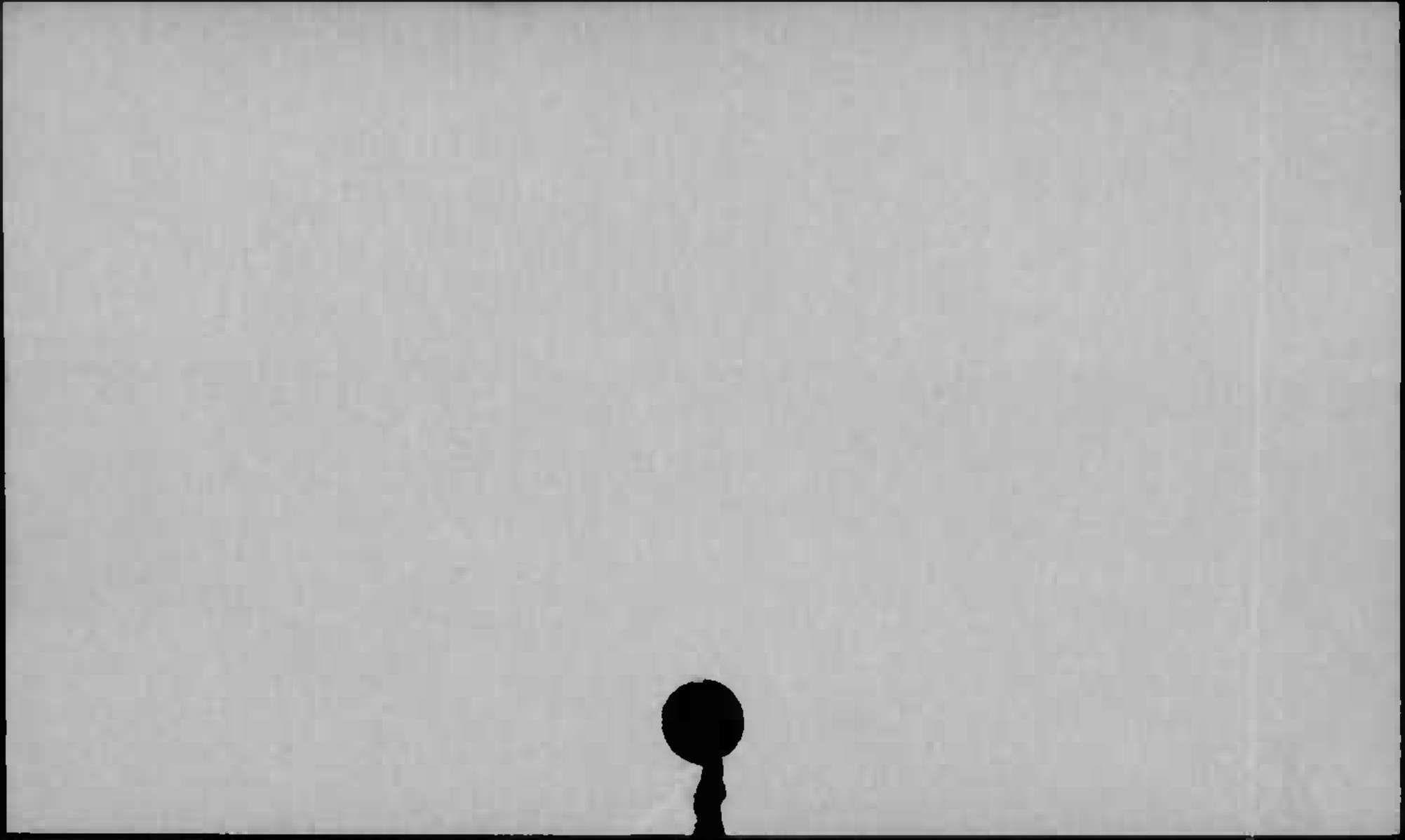
Accident, Suicide, Homicide

Reported by: Bailey & Baldwin F. D's

Address: Level Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full Mary Nelson

Certificate of Death

Died at Town Perryman County Harford MARYLAND

Date 1900 Month 2 Day 7 | Age Y. 84 M. D. | Native of | Occupation Sorne [illegible]

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband / Wife of Henry Nelson

Father's Name George Henderson Mother's Name Charity Henderson

Cause of Death: Primary

Immediate: Old age, Gen'l debility

How long sick 3 mos

~~Accident, Suicide, Homicide~~

Reported by J. H. Stier

Address Perryman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Name in Full: Bertie Prigg

Certificate of Death

Died at: Town: Level; County: Harford; MARYLAND

Date 1920: Month: Feb; Day: 27; Age: Y. 36 M. 1 D. 15; Native of: Harford; Occupation:

~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female: col ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband~~ Wife of

Father's Name: Abe. Prigg

Mother's Name: Jane Prigg

Cause of Death: Primary / Immediate: Consumption — How long sick: one year

~~Accident, Suicide, Homicide~~

Reported by: Bailey T. Baldwin M.D.

Address: Level, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 65968

Name In Full

Certificate of Death

Mrs. Carrie Richardson

Town

County Harford

Died at

MARYLAND

Date 19 ~~00~~ Month 2 Day 10 | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Wife

Father's Name

Mother's Maiden Name 22a

Cause of Death { Primary Consumption | How long sick

immediate | Accident, Suicide, Homicide

Reported by Bel Air Times 2-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Rachel Roberts

Certificate of Death

Died at Town: Hess County: Harford MARYLAND

Date 1900 Month: Feb. Day: 11 | Age Y. 27 M. — D. | Native of Md. | Occupation cook

~~Male~~ / ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ ~~Wife~~ of Wife Emory Roberts

Father's Name Henry Ayers Mother's Name Mary Jane Ayers

Cause of Death: Primary Typhoid fever — How long sick 2 weeks

Immediate Heart failure — ~~Accident, Suicide, Homicide~~

Reported by Thos. H. Emory Sr. D.

Address Taylor

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Richard B. Robinson

Certificate of Death

Died at Town Magnolia County Harford MARYLAND

Date 19 w Month 2 Day 25 | Age Y. 5 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times

Address

3-3-49 cd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name In Full 1 Maggie Tobin

Certificate of Death

Died at Town Havre de Grace County Harford MARYLAND

Date 19 Month 2 Day 2 | Age Y. — M. — D. — | Native of — | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Jere Tobin

Mother's Maiden Name

Cause of Death: Primary 146a

Immediate F Burns

How long sick

Accident, Suicide, Homicide

Reported by Bel Air Times.

Address

2-3-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76909

Name in Full

Certificate of Death

Starrett Tracey

Town

County

Harford

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
2	10	90	—	—	Md	

Date 19

Age

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~

~~Widow~~ Widower

~~Divorced~~

Number of children living 1

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death — Primary: 161

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Towson Inquiry

Address

Feb. 17, 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78108